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Schoolchildren's eyes

Chicago

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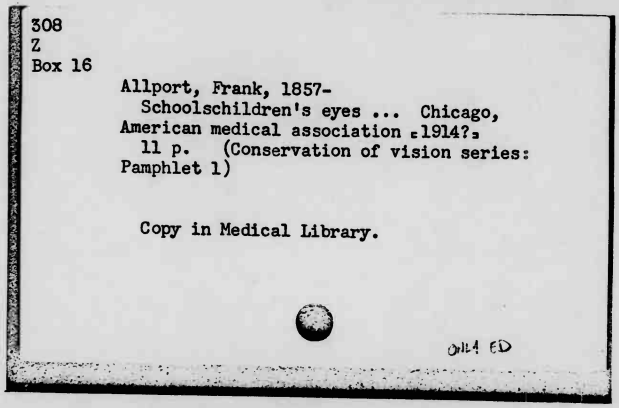

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SCHOOLCHILDREN'S EYES

FRANK ALLPORT, M.D.
Chairman, Committee on Conservation of Vision
CHICAGO

CONSERVATION OF VISION SERIES
PAMPHLET 1

Prepared by the Committee on Conservation of Vision

Issued by the Council on Health and Public Instruction of the American Medical Association

"In the health of the people lies the wealth of the nation."
—*Gladstone.*

AMERICAN MEDICAL ASSOCIATION
FIVE HUNDRED AND THIRTY-FIVE NORTH DEARBORN STREET
CHICAGO

Conservation of Vision Pamphlets

The following pamphlets, prepared by the Committee on Conservation of Vision and issued by the Council on Health and Public Instruction, form a series of popular articles on the care and preservation of good eyesight.

PAMPHLET I.—Schoolchildren's Eyes, by Dr. Frank Allport, Chicago.
PAMPHLET II.—Industrial and Household Accidents to the Eye, by Dr. Harold Gifford, Omaha.
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535 North Dearborn Street, - - Chicago, Illinois

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CHICAGO

16 Nov 1915 MS

SCHOOLCHILDREN'S EYES

FRANK ALLPORT, M.D.

CHICAGO

There are 20,000,000 public-school children in the United States. At least 5,000,000 of these children suffer from eye diseases or defects which seriously impair their school progress. About 12,000,000 suffer from eye, ear, nose or throat diseases or defects, which prevent proper school advancement.

It costs about $15,000,000 of public money to support the 300,000 blind dependents in the United States. Most of this blindness could have been prevented by a 2 per cent. solution of nitrate of silver dropped in the eyes at birth and by the annual, systematic examination of all schoolchildren's eyes. This means that the law-makers and the law-enforcers of this country are not doing their duty. Why do they not do their duty? This is hard to answer, as it is so cheap and easy and unobjectionable to see that these two important public duties are performed. There is apparently no reason why laws should not be passed requiring health departments to insist that a 2 per cent. nitrate of silver solution should be dropped into the eyes of every babe at birth, and that schoolchildren's eyes should be systematically and annually examined, and that vigorous steps should be taken to see that all detected eye diseases and defects should be relieved. If these two important reforms should be carried out, a vast majority of blindness of this country would be exterminated! Think of this and see if you cannot help to stamp out blindness!

The question is again asked, why are these things not done? And again the answer returns—"It is difficult to say." Both reforms could be accomplished for perhaps $100,000 and yet it costs $15,000,000 to care for the dependent blind. To this should be added the enormous cost of building and supporting almshouses, asylums, charitable homes, etc.

Children who have defective eyes, ears, noses and throats cannot, unless relieved, receive and profit by public-school education. To such children, schoolwork is a pain and a burden. They are always behind their classes, sometimes remaining in one room year after year, an exasperation to the teachers and discouragement to themselves. Unless relieved and rendered fit for study, they are regarded as mentally deficient and morally vicious, become personally disheartened and truant, drift into bad society and associations, commit small and then greater crimes and eventually may enter the criminal classes and then become an expense and care to the commonwealth as police-court defendants, and as dwellers in asylums, institutions and prisons.

Education is the greatest enemy to crime, and where education is not possible crime is almost sure to raise its ugly head. The war cry against crime should then be "Education," and where education is difficult or impossible owing to physical defects or diseases, immediate steps should be taken to relieve or remove such defects, so that children may be able to receive and profit by education, and thus rear good, valuable and respectable citizens and save millions of money that can then be deflected into desirable channels.

New York City has 650,000 public-school children, and 30 per cent. of these children are two years behind their natural grades. Ninety per cent. of this misfortune is due to defective eyes, ears, noses and throats. Dr. Cronin found in one school 150 defective, backward children, 137 had bad tonsils and adenoids and 13 had defective eyes. These conditions were all removed and almost all the children became good and tractable pupils. This is a striking illustration of what may be done in other schools.

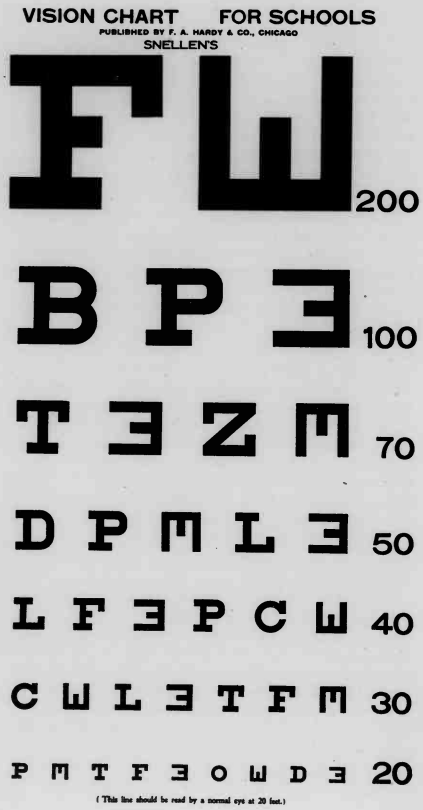
It must not be supposed that eye tests among schoolchildren are merely for the purpose of correcting ocular defects by glasses. Such instances are, of course, extremely frequent, and many children are retarded in their schoolwork by near-sightedness or by other defects, such as hypermetropia, astigmatism, muscular weakness, etc., which prevent easy and comfortable eye service, and which are usually followed by laziness, neglect of work, discouragement, truancy, and school abandonment. But there are many other ocular conditions which the school

tests will disclose, such as the various forms of sore and red eyes, iritis, ulcers, cataracts, cross-eyes, and tear-duct diseases. Thousands of children already owe their emancipation from such diseases to the ocular examinations made in schools. I have no hesitation in saying that every board of health and board of education in this country is committing a moral and social crime if they do not insist upon the annual systematic examination of schoolchildren's eyes, ears, noses and throats.

In many cities a conflict has arisen between the board of education and the board of health as to which one shall undertake this work. The board of health may claim that they have no money to hire a sufficient staff of doctors, or even nurses, to perform the work, while the board of education may claim an insufficiency of funds, or an unwillingness to place this additional work on the teachers. And thus between these two boards the children suffer. Many competent observers believe that this is a matter which should come under the board of health, while others feel that physical defects of this nature are better cared for by the board of education leaving to the board of health all diseases and sanitary matters that threaten the public health. Personally, I am firmly convinced that tests, examinations, etc., such as the eye, ear, nose and throat tests, can be best made under the direction of the board of education, and I am furthermore emphatically of the opinion that such preliminary examinations should be made by schoolteachers.

In order to make the matter easy and practical, I have prepared what I call "A visual chart for schools." This chart contains the usual test letters for testing vision. Each line also contains at least one letter for illiterates, which enables small children who do not know their letters to be accurately tested as to their visual capacity.

The lower portion of the chart contains the teachers' instructions, which I will have here reproduced, to demonstrate how easily the tests can be made. This portion of the chart should be torn or cut away from the upper portion, on a line which is properly designated.



A VISUAL CHART FOR SCHOOLS

The advisability and necessity of examining the eyes and ears of children attending the public schools is now generally recognized by principals and teachers everywhere.

The system which will be described furnishes a simple method whereby the eyes and ears of each pupil may be quickly examined by the teacher, a record made, and, if an apparent defect exists, the parents notified. This system has been annually employed in many cities of this country, and is rapidly being adopted by boards of education throughout the United States and other lands.

For making these tests a card of test letters has been planned, with complete instructions on each card. These cards are printed upon 6-ply Peerless board, 11x27 inches, with eyelet hole for hanging. The lower section, or that part of the card containing instructions and information regarding their use, is made so as to readily be detached from the main body of card.

The object of this is to allow the teacher to have before her these instructions while examining the pupil, with the test letters hanging at the proper distance on the wall.

Upon request an exact paper proof of the chart will be sent without charge, or a sample chart, including cost of mailing, for 25 cents.

PRICES

Single chart, including cost of mailing.....$ 0.25
Quantities of more than 10 and less than 100.....each, .07
100 to 500 charts.....per 100, 5.00
Over 500 charts.....per 1,000, 40.00

INSTRUCTIONS FOR THE EXAMINATION OF SCHOOL-CHILDREN'S EYES, EARS, ETC.

FOR USE OF PRINCIPLES, TEACHERS, ETC.

Do not expose the card except when in use, as familiarity with its face leads children to learn the letters "by heart."

First-grade children need not be examined.

The examination should be made privately and singly.

Children already wearing glasses should be tested with such glasses properly adjusted on the face.

Place the "Vision Chart for Schools" on the wall in a good light; do not allow the face of the card to be covered with glass.

The line marked 20 should be seen at 20 feet, therefore place the pupil 20 feet from the card.

Each eye should be examined separately.

Hold a card over one eye while the other is being examined. Do not press on the covered eye, as the pressure might induce an incorrect examination.

Have the pupil begin at the top of the test-card and read aloud down as far as he can, first with one eye and then with the other.

For the use of those children not knowing the names of letters, the sign (ш) has been placed on each line in various positions. The child should indicate in which position this sign is placed. A cardboard symbol (ш) can be easily cut out, which the child can hold in its hand. It should hold the figure in the same position as the one it is expected to see on the chart. For the purpose of convenience each line ends with the sign (ш) in various positions.

FACTS TO BE ASCERTAINED

1. Does the pupil habitually suffer from inflamed lids or eyes?

2. Does the pupil fail to read a majority of the letters in the number 20 line of the Test Types with either eye.

3. Do the eyes and head habitually grow weary and painful after study?

4. Does the pupil appear to be "cross-eyed"?

5. Does the pupil complain of earache in either ear?

6. Does matter (pus) or a foul odor proceed from either ear?

7. Does the pupil fail to hear an ordinary voice at 20 feet in a quiet room? Each ear should be tested by having the pupil hold his hand over first one ear, and then the other. The pupil should close his eyes during the test.

8. Is the pupil frequently subject to "colds in the head" and discharges from the nose and throat?

9. Is the pupil a habitual "mouth breather"?

If an affirmative answer is found to any of these questions, the pupil should be given a printed card of warning to be handed to the parent, which should read something like this:

CARD OF WARNING TO PARENTS

After due consideration it is believed that your child has some eye, ear, nose and throat disease, for which your family physician or some specialist should be at once consulted. It is earnestly requested that this matter be not neglected.

Respectfully, _____ School.

If only an eye disease is suspected, the words "ear, nose and throat" should be crossed off; if it is only a nose and throat disease, the words "eye and ear" should be crossed off.

It will be observed that these cards are non-obligatory in their nature. They do not require anything of the parent, who is at perfect liberty to take notice of the warning card or not, as he sees fit. They simply warn the parent that a probable disease exists, thus placing the responsibility on the parent.

If parents neglect the warning thus conveyed, the teacher should, from time to time, endeavor to convince such parents of the advisability of medical counsel. Teachers are urged to impress on pupils and parents the necessity for consulting reputable physicians.

These tests should be made annually at the beginning of the fall term, and should include all children above the first grade.

Each teacher should examine all the children in her own room, and should report the results of such examinations to the principal, such reports to be signed by the examining teacher.

The following simple form of report, to be filled out by the teacher and handed to the principal, is suggested:

No.	Name of Pupil	Do the tests indicate an Eye, Ear, Nose or Throat Disease? Answer "Yes" or "No." If so, which?	Was the pupil given a card of warning?

This plan is simple and uncomplicated, no medical education on the part of the examiner is necessary, and any intelligent teacher can make the tests without the slightest difficulty after a very little practice. Every teacher should annually and systematically examine the eyes, ears, nose and throat of each child in her room. The school board should set aside one day in the early fall, for this work. As there are only about forty children in each room, and as it does not take more than five or six minutes to examine a child, it will be seen that a room full of children can be easily examined in one day. Thus by subdividing the work an entire city, of whatever size, can have all its schoolchildren examined in one day. If it is deemed inadvisable to give up a day to the work, a few children can be kept after school each day for a

week, and the tests can be made in this way. The teacher should have two or three assistants, in order to expedite the work, and these can usually be found among the children themselves. One assistant should stand near the test letters and point them out, another should make out the "Warning Cards to Parents" etc.

No teachers should complain of this work, for she is the one who is the most benefited by it. One child who through some uncorrected eye, ear, nose or throat defect continually lags behind his class and becomes idle, mischievous and disturbing, will cause the teacher more trouble in the course of a year than would the making of these tests. They are really labor and nerve-saving devices and the teachers ought to recognize this fact and encourage them. This has been the case where the tests have been systematically carried out.

As has been explained in the "Instructions to Teachers," every child found defective is handed a "Card of Warning" to be given to the parents, notifying the parent that a defect has been found and urging that the child be taken to a doctor of the parent's choosing, either at his office, or free dispensary. If no attention is paid to these cards the matter should be persistently and tactfully followed up, either by the teacher or the schoolnurse, or by both. In this way many dull and backward children will become bright and pliable scholars, their health will be improved, the community will be benefited, both socially, morally and financially, and lastly the teacher's life will be immeasurably easier and pleasanter.

The annual, systematic, preliminary examination of schoolchildren's eyes, ears, noses and throats by schoolteachers, is an agency of enormous and incalculable benefit to the children, to the parents, to the teachers and to the community at large. Then why not universally benefit by it, especially as the cost is insignificant. The only expenses are the testing charts, which can be purchased for $5.00 a hundred, "Warning Cards" and the simple record blanks which cost almost nothing. If medical inspectors had to be hired to do this work the lack of funds might prove an embarrassment. But medical inspectors are not necessary, as the teachers can do it perfectly well, and by answering the nine simple questions, at least 95 per cent. of serious eye, ear, nose and throat diseases will be detected. This is all the teacher

has to do; she is not expected to ascertain the nature of the child's complaint, the doctor consulted will perform this function.

In some communities, especially in New England, they have been trying the experiment of employing one or two schoolnurses of exceptional ability and tact, to act not only as medical inspectors, but also as schoolnurses. They look for defective and diseased children, urge the parents to take them to their doctor and then do what they can to follow out the doctor's instructions. They also assume supervision over hygienic and sanitary conditions in the schools and in the homes of the children. In many places, the eye, ear, nose and throat tests are made by these schoolnurses and the plan has worked admirably. Indeed, the entire plan of substituting trained, experienced and tactful schoolnurses for medical inspection in small places has much to recommend it, and is well worthy of a careful trial.

In conclusion, let me repeat that the use of a 2 per cent. solution of nitrate of silver in the eyes of all newly born infants, and the annual, systematic examination of all schoolchildren's eyes would almost obliterate blindness from this country. The plans are unobjectionable, easily compassed and would cost comparatively little, even if universally adopted. The benefit would be incalculable. Why is it not done? Let boards of education, school superintendents and boards of health answer this question. The people should demand this justice to the coming generation.

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[Price, 6 cents]

"Every advertisement of a 'cancer cure' cloaks a swindle." If the public could once realize the truth of this, the quacks who engage in this line of charlatanry would find their occupation gone. During the past few years, the United States postal authorities have done a great public service by investigating a number of concerns exploiting so-called cures for cancer. In every instance these "cures" have heen found worthless and in nearly every instance the companies have been declared fraudulent and the use of the United States mails denied them.

In those cases in which "fraud-orders" were issued the Assistant Attorney-General to the Postmaster General prepared and suhmitted to the Postmaster General the various memoranda based on the reports of the federal inspectors. The essential facts in these memoranda have been made the basis for a series of articles published hy the American Medical Association in pamphlet form. The name of this pamphlet is "Cancer Fakes" and it describes the methods of eight concerns against which the United States government has issued fraud orders. The companies dealt with are:

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G. M. Curry
Drs. Mixer
Toxo-Absorbent Company
Dr. and Mrs. Chamlee & Co.
B. F. Bye
W. O. Bye
L. T. Leach

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